



THE  
ALABAMA  
STATE  
BOARD OF  
SOCIAL  
WORK  
EXAMINERS

## MEMORANDUM

Your Private Independent Practice Certification must be renewed this \_\_\_\_\_. At that time you must submit your continuing education hours as required. All PIP Certificates require 20 hours of continuing education earned during the renewal period. These hours are in addition to the 30 hours you receive for your LCSW Licensure. If you have questions about continuing education you may call our office for assistance.

You have sixty days from the expiration date on your certificate to renew. If renewal fee, renewal form, continuing education summary form and verification of continuing education are not received before the sixty-day period ends, your certificate will expire and you will have to reapply should you desire to hold a PIP.

The renewal fee is **\$60.00** and **must be paid by Money Order, Cashier Check, Certified Check, or Business Check** made payable to the Alabama State Board of Social Work Examiners. **NO OTHER FORM OF PAYMENT CAN BE ACCEPTED.** Please send your Renewal Form, your payment, the Continuing Education Summary Form, and your verification of continuing education hours in together.

If you wish to have a new certificate printed please send an additional \$10.00. If you have a name change, a copy of the legal documentation is required. This payment must also be in the same form as stated above, it may be included with your renewal fee.

If you have an address change during the next two years, please notify us so that we may change our records.

Please be advised that we do not have the authority to reinstate certificates that have expired.

Thank you for supporting licensure of Social Workers.



**THE ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS**

**PO BOX 301620**

**MONTGOMERY ALABAMA 36130-1620**

**PHONE (334) 242-5860 FAX (334) 242-0280**

**REQUEST FOR RENEWAL OF CERTIFICATION FOR  
PRIVATE INDEPENDENT PRACTICE OF SOCIAL WORK**

I, \_\_\_\_\_, am applying for renewal of my  
(Print or Type Your Name)

certification for the private independent practice of social work. I affirm that I hold a valid L.C.S.W. license in the State of Alabama and that I intend to keep my L.C.S.W. license current and in good standing.

Applicant's Signature \_\_\_\_\_ Social Security # \_\_\_\_\_

Certification # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Applicants Mailing Address \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

LCSW license Number \_\_\_\_\_ Issue Date \_\_\_\_\_

-----

**APPLICATION NOTARIZATION**

Subscribed and sworn to before me this \_\_\_\_\_ day of 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Applications for renewal must be made within sixty (60) days after expiration date of the certificate and must be accompanied by a \$60.00 fee in the form of a money order, cashiers check, certified check, or business check made payable to: The Alabama State Board of Social Work Examiners.

NO OTHER FORM OF PAYMENT CAN BE ACCEPTED

#### ADDITIONS TO PRIVATE INDEPENDENT PRACTICE

Please check those blocks in the table below to indicate which **additional** practice method(s) of service delivery you wish to **add** to your private practice activities.

#### PRACTICE METHODS

SOCIAL CASE WORK	_____
CLINICAL SOCIAL WORK	_____
COMMUNITY ORGANIZATION	_____
SOCIAL WORK RESEARCH	_____
SOCIAL WORK ADMINISTRATION	_____

For each practice method you wish to add please provide a concise narrative that will describe the experiences you have had in the application of the practice method service delivery. Include in your discussion, the appropriate information such as: dates of experience, agency/organization affiliations, and job titles and responsibilities. Also, indicate any special training programs you have participated in to learn about the application of the practice methods you check. Your narrative for each practice method should be as complete a description as possible of how you acquired those practice skills that you intend to utilize in your private social work practice.

The narrative for each practice method shall be submitted on a separate page. The narrative should be typed (or printed legibly in blue or black ink) on plain bond paper. No narrative for any practice method should be longer than one page. BE SURE TO PUT YOUR NAME ON EACH NARRATIVE PAGE. If you have questions, call the Board office at (334) 242-5860.

# CONTINUING EDUCATION SUMMARY FORM

Please list your continuing education classes completed and attach a copy of your verification forms and/or certificates of completion. These forms will be audited and destroyed. Be sure to maintain a copy for your own records. The Board of Social Work Examiners will not be able to provide you with copies of these documents any longer.

[illegible]

Total hours		

I certify that the above statement is a true and accurate record of the continuing education programs I completed.

-----  
Signature

-----  
Date